

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016 - 2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ **Psychology**
 - ☐ Practicum
 - ☐ Externship
 - ☐ Internship
- ☒ **Social Work**
 - ☐ Specialization : _____
 - ☒ Macro/Administrative
- ☐ **Occupational Therapy**
- ☐ **Other** (specify: _____)

Service Area

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DMH Agency:	MHSA Implementation Unit
DMH Agency Address:	8 fl 695 S. Vermont Ave Los Angeles CA 90005
Reporting Unit Code	(4 digit + letter designation)
DMH Agency Liaison:	Ivy Levin, LCSW
New or Returning	[X] New [] Returning
Liaison Email Address:	ILevin@dmh.lacounty.gov
Liaison Phone Number:	(213)480-3630
Liaison Fax Number:	(213) 351-2762
Agency ADA accessible	[X] Yes [] No If "No" identify: _____

Student Requirements:

How many positions will you have?	1 (but we could consider more)
Beginning and ending dates:	Flexible

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): This can be negotiated

Monday	
Tuesday	8:30am-5:00 pm
Wednesday	
Thursday	8:30am-5:00 pm
Friday	8:30-12:30

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR, (Training) SUP(Supervision)

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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Total hours expected to be worked per week:	20
Number of direct client hours per week:	Not a clinical internship
How many clients would the student have at one time?	Not a clinical internship
What cultural groups typically received services at your site?	Countywide program implementation
Please describe seasonal variations or vacation opportunities, if applicable:	
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)? Given this timeline, what exceptions will be allowable?	Academic Year

Description of Site:

Type of Setting (please check):

<input type="checkbox"/> Community Mental Health Center
<input type="checkbox"/> County Hospital
<input type="checkbox"/> Correctional Facility
<input checked="" type="checkbox"/> Other (specify): Implementation/Outcome and Evaluation/ Monitoring specific to MHSA INN Services

Students will provide services for (please check all that apply):

<input type="checkbox"/> Individuals
<input type="checkbox"/> Groups
<input type="checkbox"/> Families
<input type="checkbox"/> Children & Adolescents
<input type="checkbox"/> Adults
<input type="checkbox"/> Older Adults
<input type="checkbox"/> Court/Probation referred
<input checked="" type="checkbox"/> Consultation/Liaison
<input type="checkbox"/> Psychoeducational groups (e.g. Parenting)
<input checked="" type="checkbox"/> Community Outreach

Students will provide (please circle all that apply):

<input type="checkbox"/> Brief treatment to mid-term treatment
<input type="checkbox"/> Long term treatment
<input type="checkbox"/> Crisis Intervention
<input type="checkbox"/> Screening and Assessment
<input type="checkbox"/> For psychology students only: Testing % Treatment %

What are the most frequent diagnostic categories of your client population?

The County Department of Mental Health provides public mental health services for children, transition age youth, adults and older adults and targets individuals with severe, persistent mental illness and severe emotional disturbance

What specific (perhaps unique) training opportunities do students have at your agency?

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Student will have the opportunity to learn about Program Planning and Implementation/ Peer Run/ Peer Led Services/ Program Evaluation and Monitoring/ Training associated with MH, Physical Health and Substance Abuse service integration

What theoretical orientations will students be exposed to at this site?

Systems Theory, Systems of Recovery

What specific orientations will staff be exposed to in staff meetings?

Team-oriented management on a variety of policy and program issues

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Yes, Psychologist, Research Analysts, Program and Business Analysts, Social Workers and Bachelor's level Administrative Staff

List locations where students will be providing services **other than agency?**

Potentially Contract Agency Sites through out Los Angeles County

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes [☐] No [☒]

If yes, what procedure must students follow in order to do this?

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree	Supervisor License #
Individual	1 Hour	LCSW	68363
Group	1 Hour	LCSW	68363
Individual & Group			

If providing group supervision, what is the maximum number of students in-group supervision?
Unk

Do you have one or more staff, who is licensed by the California Board of Psychology?

Yes [☒] No [☐]

Do you have one or more staff, who is licensed by the California Board of Behavioral Sciences?

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Yes [☒]

No [☐]

Do you have one or more staff, who is licensed by the California Board of Medical Examiners?

Yes [☐]

No [☒]

Does your agency provide the student with the following minimum training experiences?

a. One hour of direct individual or group experience with an on-site licensed staff?

Yes [☒]

No [☐]

b. Weekly staff meetings

Yes [☒]

No [☐] If yes, please specify:

c. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes [☒]

No [☐] If yes, please specify: readings, presentations, case conference, etc.

Students will be evaluated through (please check all that apply):

Review of student's written clinical notes	
Report of clinical work in supervision	X
Co-facilitation of groups/sessions with clinical staff	
Review of audio or video recording of student's sessions	
Direct observation by clinical staff of student's clinical work	X
Other (specify):	X

What is the minimum ratio of supervision to client contact hours?

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Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes [☒]

No [☐]

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes [☒]

No [☐]

Does your agency prefer the student to work from a particular theoretical orientation?

Yes [☐]

No [☒]

If yes, please specify: _____

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Does your agency require a particular range of previous experience or specific prerequisite coursework? If so please explain.

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes [] No [X] If yes, please specify:

Please specify dates your agency accepts students

OPEN

Supervision will be in compliance with professional standards established by the following:

- ☐ APPIC
- ☒ NASW
- ☐ Other (specify): _____

Name and Title of DMH Staff completing this form:

Debbie Innes-Gomberg, Ph.D.

Signature: _____

Date: **1/30/14**

Name and Title of Direct Supervisor:

Debbie Innes-Gomberg, Ph. D.

Phone #: 213-251-6817

Approval Signature: _____

Date: **2/17/2016**

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